

| Date | Firm Name | Odometer Reading | SERVICE REPORT: Nature of Repairs/Service (oil change, tires, etc.) | \$ Parts | \$ Labor | \$ Total |
|------|-----------|------------------|---|----------|----------|----------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | Total Service Report Costs : | | | |
| Date | Firm Name | Odometer Reading | OTHER COSTS: Nature of Cost | \$ Parts | \$ Labor | \$Total |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | Total Other Costs: | | | |

| PREVENTIVE MAINTENANCE RECORD | | | | | | |
|---|---|--|--------------------------------------|----------|----------|----------|
| Vehicle Condition: Poor/ Fair/ Good/ Excellent | | Write the odometer reading and date in the appropriate box then initial each item completed. NOTE: The intervals listed are guidelines. For special conditions follow the operators manual. | | | | |
| Mileage Interval | Maintained items. Perform by visual checks on all needed maintenance as indicated (check/initial) | Date: | Date: | Date: | Date: | Date: |
| | | Mileage | Mileage: | Mileage: | Mileage: | Mileage: |
| | Change engine oil and filter | | | | | |
| | Visually check hoses and belts | | | | | |
| | Check tires for proper inflation and unusual treadwear | | | | | |
| | Check clutch pedal freeplay | | | | | |
| | Check fluid levels | | | | | |
| | Coolant | | | | | |
| | Battery water | | | | | |
| | Brake master cylinder | | | | | |
| | Transmission | | | | | |
| | Power steering | | | | | |
| | Differential/transaxle | | | | | |
| | Check safety equipment (lights, wipers, flashers, horn etc.) | | | | | |
| | Lubricate all grease fittings, hinges & latches | | | | | |
| | Clean battery posts and clamps | | | | | |
| | Rotate tires | | | | | |
| | Check PCV valve and exhaust system | | | | | |
| | Tune engine – replace plugs, adjust carb, check time | | | | | |
| | Replace air and fuel filters | | | | | |
| | Inspect brake linings and remove all wheels | | | | | |
| | Change automatic transmission fluid and filter | | | | | |
| | Replace wheel bearings | | | | | |
| Comments, repairs, or items not covered by this form: | | | | | | |
| Mechanic's Signature (if applicable) | | | Operator's Signature (if applicable) | | | |